

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004218

FILED
Apr 21, 2009
Secretary of State

Entity Name: BRUISED HEEL DANCE MINISTRIES, INC.

Current Principal Place of Business:

10028 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

10028 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 42-1763483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSADO, DARLENE E
10028 REGENCY PARK BLVD.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

ROSADO, DARLENE E FOUNDER
10028 REGENCY PARK BLVD.
PORT RICHEY, FL 34668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARLENE E. ROSADO

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSADO, DARLENE
Address: 10028 REGENCY PARK BLVD.
City-St-Zip: PORT RICHEY, FL 34668

Title: VD () Delete
Name: ROSADO, PAUL A
Address: 10028 REGENCY PARK BLVD.
City-St-Zip: PORT RICHEY, FL 34668

Title: STD () Delete
Name: BACK, LORENA A
Address: 6345 RIDGECREST DR.
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSADO, DARLENE E
Address: 10028 REGENCY PARK BLVD.
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE E. ROSADO

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date